

PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: **Mail**

**Mail Stop ISSUE FEE
Commissioner for Patents
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INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 4 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1)

21003 7590 12/02/2003

**BAKER & BOTTS
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Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO, on the date indicated below.

Gary Abelev

(Depositor's name)

(Signature)

2/19/04

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/021,813	12/14/2001	Wayne Cohen	A33677	6026

TITLE OF INVENTION: SHELL ARTICLE CONSTRUCTION

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$300	\$1630	03/02/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
MIGGINS, MICHAEL C	1772	428-034100

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
- ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

Baker Botts LLP

2

3

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Please check the appropriate assignee category or categories (will not be printed on the patent); ☒ individual ☐ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee
- ☒ Publication Fee
- ☐ Advance Order - # of Copies _____

4b. Payment of Fee(s):

- ☐ A check in the amount of the fee(s) is enclosed.
- ☐ Payment by credit card. Form PTO-2038 is attached.
- ☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 02-4377 (enclose an extra copy of this form).

Director for Patents is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

(Authorized Signature) Gary Abelev Reg # 40,479 (Date) 2/19/04

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Alexandria, Virginia 22313-1450.

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02/26/2004 HBELETE2 00000183 024377 10021813

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02 FC:1504

1330.00 DA
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TRANSMIT THIS FORM WITH FEE(S)

<div style="display: flex; align-items: center; justify-content: center;"> <div style="border: 2px solid black; border-radius: 50%; padding: 10px; margin-right: 10px; text-align: center;"> 01 FEB 23 2004 </div> <div> <h2 style="margin: 0;">FEE TRANSMITTAL</h2> <h3 style="margin: 0;">for FY 2004</h3> <p style="font-size: small; margin: 0;">Effective 10/01/2003. Patent fees are subject to annual revision.</p> <p><input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27</p> </div> </div>		Complete if Known	
		Application Number	10/021,813
		Filing Date	December 14, 2001
		First Named Inventor	Wayne Cohen
		Examiner Name	Michael C. Miggins
Art Unit	1772	Attorney Docket No.	A33677 072708.0175
TOTAL AMOUNT OF PAYMENT		(\$) 1,630	

<h3 style="text-align: center; margin: 0;">METHOD OF PAYMENT (check all that apply)</h3> <p> <input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None </p> <p><input checked="" type="checkbox"/> Deposit Account:</p> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"> Deposit Account Number: 02-4377 </div> <div style="border: 1px solid black; padding: 2px;"> Deposit Account Name: Baker Botts LLP </div> <p>The Commissioner is authorized to: (check all that apply)</p> <p> <input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments </p> <p> <input checked="" type="checkbox"/> Charge any additional fee required under 37CFR 1.16 and 1.17 </p> <p> <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account. </p> <h3 style="text-align: center; margin: 10px 0;">FEE CALCULATION</h3> <div style="border: 1px solid black; padding: 5px;"> <h4>1. BASIC FILING FEE</h4> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Large Entity</th> <th style="text-align: left;">Small Entity</th> <th style="text-align: left;">Fee Description</th> <th style="text-align: left;">Fee Paid</th> </tr> <tr> <th style="text-align: left;">Fee Code (\$)</th> <th style="text-align: left;">Fee Code (\$)</th> <th></th> <th></th> </tr> </thead> <tbody> <tr> <td>1001 770</td> <td>2001 385</td> <td>Utility filing fee</td> <td></td> </tr> <tr> <td>1002 340</td> <td>2002 170</td> <td>Design filing fee</td> <td></td> </tr> <tr> <td>1003 530</td> <td>2003 265</td> <td>Plant filing fee</td> <td></td> </tr> <tr> <td>1004 770</td> <td>2004 385</td> <td>Reissue filing fee</td> <td></td> </tr> <tr> <td>1005 160</td> <td>2005 80</td> <td>Provisional filing fee</td> <td></td> </tr> <tr> <td colspan="3" style="text-align: right;">SUBTOTAL (1)</td> <td>(\$)0</td> </tr> </tbody> </table> </div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> <h4>2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE</h4> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Total Claims</th> <th style="text-align: left;">Extra Claims</th> <th style="text-align: left;">Fee from below</th> <th style="text-align: left;">Fee Paid</th> </tr> </thead> <tbody> <tr> <td>Independent Claims</td> <td>- 20 = 0</td> <td>X</td> <td>= 0</td> </tr> <tr> <td>Multiple Dependent</td> <td>- 3 = 0</td> <td>X</td> <td>= 0</td> </tr> </tbody> </table> <table style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr> <th style="text-align: left;">Large Entity</th> <th style="text-align: left;">Small Entity</th> <th style="text-align: left;">Fee Description</th> <th style="text-align: left;">Fee Paid</th> </tr> <tr> <th style="text-align: left;">Fee Code (\$)</th> <th style="text-align: left;">Fee Code (\$)</th> <th></th> <th></th> </tr> </thead> <tbody> <tr> <td>1202 18</td> <td>2202 9</td> <td>Claims in excess of 20</td> <td></td> </tr> <tr> <td>1201 86</td> <td>2201 43</td> <td>Independent claims in excess of 3</td> <td></td> </tr> <tr> <td>1203 290</td> <td>2203 145</td> <td>Multiple dependent claim, if not paid</td> <td></td> </tr> <tr> <td>1204 86</td> <td>2204 43</td> <td>** Reissue independent claims over original patent</td> <td></td> </tr> <tr> <td>1205 18</td> <td>2205 9</td> <td>** Reissue claims in excess of 20 and over original patent</td> <td></td> </tr> <tr> <td colspan="3" style="text-align: right;">SUBTOTAL (2)</td> <td>(\$)0</td> </tr> </tbody> </table> <p style="font-size: x-small; margin-top: 5px;">**or number previously paid, if greater; For Reissues, see above</p> </div>	Large Entity	Small Entity	Fee Description	Fee Paid	Fee Code (\$)	Fee Code (\$)			1001 770	2001 385	Utility filing fee		1002 340	2002 170	Design filing fee		1003 530	2003 265	Plant filing fee		1004 770	2004 385	Reissue filing fee		1005 160	2005 80	Provisional filing fee		SUBTOTAL (1)			(\$)0	Total Claims	Extra Claims	Fee from below	Fee Paid	Independent Claims	- 20 = 0	X	= 0	Multiple Dependent	- 3 = 0	X	= 0	Large Entity	Small Entity	Fee Description	Fee Paid	Fee Code (\$)	Fee Code (\$)			1202 18	2202 9	Claims in excess of 20		1201 86	2201 43	Independent claims in excess of 3		1203 290	2203 145	Multiple dependent claim, if not paid		1204 86	2204 43	** Reissue independent claims over original patent		1205 18	2205 9	** Reissue claims in excess of 20 and over original patent		SUBTOTAL (2)			(\$)0	<h3 style="text-align: center; margin: 0;">FEE CALCULATION (continued)</h3> <div style="border: 1px solid black; padding: 5px;"> <h4>3. 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SUBMITTED BY		(Complete if applicable)	
Name (Print/Type)	Gary Abelev	Registration No. (Attorney/Agent)	40,479
Signature		Telephone	212-408-2522
		Date	February 19, 2004